

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 25 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *04-08*

CR2E081 (12/07)

DOCUMENT # N96000005080

1. Corporation Name

LEITER'S LANDING FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

2660 RIVIERA MANOR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33332

Country

USA

3. Mailing Office Address

2660 RIVIERA MANOR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33332

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1996

5. FEI Number
65-0708062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALOIS LEITER

Street Address (P.O. Box Number is Not Acceptable)

2660 RIVIERA MANOR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33332

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Alois Leiter

REGISTERED AGENT MUST SIGN

Date August 10, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALOIS LEITER	2660 RIVIERA MANOR	WESTON, FL 33332
V	LORI LEITER	2660 RIVIERA MANOR	WESTON, FL 33332
D	ALOIS LEITER	2660 RIVIERA MANOR	WESTON, FL 33332
VP			
T			
D	LORI LEITER	2660 RIVIERA MANOR	WESTON, FL 33332

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alois Leiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/08

Date

(954) 27-0031

Daytime Phone #

8/26